



**DEPARTMENT OF INSURANCE  
STATE OF ARIZONA**

*Financial Affairs Division – Tax Unit*  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
Phone: (602) 364-3998  
Fax: (602) 364-3989

**2005 SCHEDULE OF EXEMPT PREMIUMS  
HOSPITAL, MEDICAL, DENTAL AND OPTOMETRIC SERVICE CORPORATIONS**

**COMPANY NAME** \_\_\_\_\_ **NAIC NUMBER** \_\_\_\_\_

List all premiums exempted under A.R.S. § 20-837 – If additional lines are needed, attach a list in identical format and enter the sum of all premiums from that list on Line 15.

List <u>complete</u> Name, Exemption Code and exempt funds received from each Government, Public School District, or Political Subdivision			
1 = Federal Government (excluding FEHBP and Medicare funds)		4 = Arizona municipal government	
2 = State of Arizona		5 = Arizona PUBLIC school district, including charter schools	
3 = Arizona county government		6 = Other political subdivisions	
	Entity Name	Exemption Code	Total Exempt Funds Received
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$
<b>TOTAL:</b> Enter the sum of lines 1 through 15 (or of all attached pages) here and distribute this amount among the appropriate Columns on Line 2, Page 2 of Form E-HEALTHORG			\$

(GE)

**ATTACH THIS SCHEDULE TO FORM E-HEALTHORG**